

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345506 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/28/2016 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER WHITESTONE A MASONIC AND EASTERN STAR COMMUNITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH HOLDEN ROAD GREENSBORO, NC 27407 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 253 SS=E | <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to maintain horizontal blinds in 1 of 12 resident rooms and maintain walls in 5 of 12 resident rooms. The findings included: Observation of Resident room # 301 on 9/26/16 at 1:15pm revealed the blinds to be in disrepair. The horizontal blinds had 9 bent horizontal slats to the right side and 3 bend horizontal slats to the left side. The blinds were observed to have no controlling mechanism to close or open the blinds. The controlling mechanism was replaced with a paperclip. The mechanism to operate the blinds was observed to the window seal. One horizontal slate was observed on the floor. Observation of Resident room #305 on 9/26/16 at 3:13pm revealed paint removed from wall behind the resident ' s bed. The sheet rock is observed to be collecting along the baseboard. Behind the recliner there are several deep scratches to the wall exposing drywall. Observation on 9/28/16 at 8:00am of Resident room # 301 revealed 9 bent horizontal slats on the right side and 3 bent horizontal slats on the left side. A paper clip was observed in place of the missing controlling mechanism. The cord to the control the blinds was observed to be on the window ledge. Observation of Resident room # 611 on 9/28/16 at 8:05am revealed deep scratch marks to the</p> | F 253 | <p>This plan of correction is submitted as required by State and Federal law. The provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit the providers' capacity to render adequate care.</p> <p>Tag F 253 483.15(h)(2)</p> <p>1. The items listed as needing repair/replacement have been repaired/replaced. The blinds in room 301 were replaced with new blinds. The walls in rooms 305, 611, 612, 407, and 403 have been repaired. The outlet in room 407 has been fixed.</p> <p>2. An inspection will be done of every resident room in the health center by the Director of Plant Operations on 10/24/16 to find any other needed wall and blind repairs. Repairs will be made as needed by 10/26/16.</p> <p>3. Directed inservice training for the housekeeping staff will be conducted by our Director of Environmental Services on 10/25/16 on procedures to report repairs</p> | 10/26/16 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/21/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 253 | <p>Continued From page 1</p> <p>wall behind a recliner. Dry wall was visible collecting on the floor behind the recliner.</p> <p>Observation of Resident room # 612 on 9/28/16 at 8:08 am revealed scratches and missing wall paper behind resident ' s bed. The dry wall was exposed and crumbling to the floor. The dry wall was collecting at the baseboard behind the resident ' s bed.</p> <p>Observation of Resident room #407 on 9/28/16 at 8:15am revealed an outlet that was severely bend inwards. The outlet is not fixed to the wall. The drywall is visibly due to the misshapen phone outlet. Behind resident bed A was exposed drywall. The drywall was observed collecting at the baseboard behind the resident ' s bed.</p> <p>Observation of Resident room # 403 on 9/28/16 at 8:20am revealed bed B had torn wall paper and exposed drywall behind the bed. There was a hole in the wall behind the bed and the drywall was observed to be collecting along the baseboard behind the resident ' s bed.</p> <p>Review of the facilities maintenance request log revealed no requests in regards damaged blinds in Resident room #301. Further review of the maintenance request logs revealed no requests in regards to damaged walls in resident room # ' s 301, 305, 407, 611, and 612.</p> <p>Interview with NA#2 on 9/28/16 at 9:03 am revealed staff were to notify the receptionist of maintenance requests. She stated the receptionist would notify maintenance of the quest. NA#2 revealed staff did communicate damage to walls. NA#2 revealed the walls were damaged due to resident beds scraping the wall during care or when housekeeping moved the beds while cleaning.</p> <p>Interview with Nurse #1 on 9/28/16 at 8:57 am</p> | F 253 | <p>needed in resident rooms.</p> <p>4. Directed inservice training for the health center nursing staff will be conducted by either the Administrator or Director of Nursing on 10/25/16 on procedures to report repairs needed in resident rooms.</p> <p>2. Weekly, documented room inspections will be done on at least 5 different resident rooms will be done beginning 10/25/16 by the either the Director of Plant Operations or his designee to ensure compliance. Results of these audits will be reported on by the Director of Plant Operations as part of our monthly Quality Assurance and Process Improvement program.</p> | | |

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| F 253 | <p>Continued From page 2</p> <p>revealed in the instance he noticed damage to resident walls he would complete a maintenance repot. He indicated that he had not reported damaged blinds or holes in walls behind resident beds.</p> <p>Interview with NA#4 on 9/28/16 at 9:00 am revealed he communicated maintenance concerns to the receptionist. The receptionist would notify maintenance of the concern. There was also a clip board in various locations of the facility in which staff could fill out a maintenance concern. NA#4 indicated he reported damaged walls when he noticed them. NA#4 stated the damage was a result of resident beds being moved. The beds being moved created tears and scratches in the walls.</p> <p>Interview with 300 hall NA#3 on 9/28/16 at 9:12 am revealed staff reported maintenance concerns by filling a sheet located at the nursing station. The receptionist would look at the log and notified maintenance. NA # 4 stated she reported damage to walls when she saw them. She revealed she believed the damage to the walls was due to resident beds. She revealed she had not observed any damaged blinds.</p> <p>Interview with Maintenance staff #1 on 9/28/16 at 9:23am revealed he was made aware of maintenance needs in the facility though staff, residents and family members. He indicated that staff were to fill out maintenance requests located on clip boards located about the facility. The receptionist reviewed the maintenance request and enter them the in the facilities electronic system. He stated he was further notified of maintenance concerns in regards to walls in the instance a room was needed for a future move in. He revealed a good opportunity to fix some issues was when the resident room was vacant. In the instance the maintenance need was severe</p> | F 253 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 253 | Continued From page 3 he would fix them prior to any move out. Observation of the blinds for Resident room # 301 on 9/28/16 at 9:28 am maintenance staff #1 indicated that he was not made aware of the bent blinds or the missing controller. He stated the blinds needed to be replaced and was unaware of who would have replaced the blinds controller with a paper clip. Upon observation of resident rooms #305 the maintenance staff #1 indicated the room was currently vacant. He described the damage to the wall as extensive and should have been brought his attention. Observations of resident room #407 at 9:38am maintenance staff #1 revealed we was not aware of the misshapen phone outlet. He indicated that it appeared as though something had to be pushed into the outlet for it to have bed the outlet cover inwards and it needed to be replaced. The damage to the walls was obsessive and needed repair. He stated the damage to the walls was due to resident beds being too close to the wall. When the beds were pushed against the wall or moved up and down they were causing the damage to the walls. Interview with the Director of Nursing on 9/28/16 at 2:28pm revealed the damage to the walls was occurring due the beds being against the walls. She revealed it was her expectation that staff report maintenance request by filling out maintenance request forms located on clip boards at various locations in the facility. She stated it was also her expectation that the housekeeping department be checking the room for damages with daily room cleaning. | F 253 | | | |
| F 371 SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - | F 371 | | 10/26/16 | |

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| F 371 | <p>Continued From page 4</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to discard expired food items, follow the time / temperature criteria for cooling cooked food and seal, label and date food items in the dry storage room and walk-in refrigerator. The facility failed to allow dishware to air dry and for staff to wear hair restraints while working in the kitchen.</p> <p>Findings Included:</p> <p>An observation of the kitchen on 9/26/16 at 11:30 am revealed:</p> <ol style="list-style-type: none"> Dry Storage Room: A container of bulk thickener and spaghetti noodles that were not sealed and exposed to the air. Walk-In Cooler: A package of swiss cheese that was not sealed and exposed to the air. A container of cooked BBQ dated 9/17/16. A bowl of sour cream dated 9/3/16 had been removed from the original container which identified expiration date. 12 - ½ pint cartons of Lactaid milk with expiration dates of 9/22/16. A large metal stock pot of vegetable soup that was hot to the touch. The internal temperature of the soup | F 371 | <p>This plan of correction is submitted as required by State and Federal law. The provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit the providers' capacity to render adequate care.</p> <p>Tag F 371 483.35(i)</p> <ol style="list-style-type: none"> All items listed in the written deficiency have been fixed. The items in the dry storage room that were not sealed were discarded. The cheese, BBQ, sour cream and milk were all discarded immediately. The items stored wet were rewashed and air dried properly. The fan was discarded. Directed inservice training for the dietary staff was conducted on 10/1/16 by our Kitchen Manager on proper storage of opened, unused food items and proper cleaning and sanitizing of equipment used in food preparation and service. Cooling procedures and hair restraint policies were also reviewed on this date. | | |

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| F 371 | <p>Continued From page 5</p> <p>was 113 degrees F.</p> <p>3. Kitchen: 2 male employees with beards that were not covered with hair restraints</p> <p>An interview with the Dietary Manager on 9/26/16 at 12:00 pm revealed that it was not acceptable to have the container of vegetable soup in the walk-in cooler at a temperature of 113 degrees F. He stated foods should be cooled by dividing them into smaller containers and using an ice bath. He also stated that he thought if employee 's facial hair was kept trimmed they were not required to wear a hair restraint. He did not have any available, but would order some.</p> <p>An observation of the kitchen on 9/28/16 at 11:00 am revealed:</p> <ol style="list-style-type: none"> 4 plastic storage containers stacked together wet on the lower shelf of the prep table. 7 Dinex plate bases stacked together wet on the service table next to the steam table. 1 female employee that did not have a hair restraint on A fan that was on the floor was operating near the steam table that was covered with dust and debris <p>An interview with Cook #1 on 9/28/16 at 11:30 am revealed she was familiar with the procedure for cooling foods. She stated that she uses the ice bath method and checks the temperature several times; when it gets to 41 degrees than I will put it in the refrigerator.</p> <p>An interview with the Dietary Manager on 9/28/16 at 1:57 pm revealed that his expectation was that everything in storage areas should be sealed, labeled and dated. He stated there should be no</p> | F 371 | <p>3. Weekly, documented inspections will be done for 6 weeks beginning 10/25/16 and then monthly by the Kitchen Manager to ensure compliance. These audit results will be included as part of our monthly Quality Assurance and Process Improvement program.</p> | | |

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| F 371 | Continued From page 6 expired food items, cooked foods should be cooled using ice baths and not placed in the refrigeration units until they are at the correct temperature. He stated that dish ware should be allowed to air dry and dietary staff should have hair restraints on while working in the kitchen. An interview with the facility Administrator on 9/28/16 at 2:05 pm revealed that her expectation was that the food code is followed for food labeling, dating, storage and cooling. She expects the dietary staff to wear the appropriate hair restraints while working in the kitchen. She also expects that all expired products are discarded and that dishes should be allowed to air dry. | F 371 | | | |
| F 431 SS=E | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to | F 431 | | 10/26/16 | |

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| F 431 | <p>Continued From page 7 have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and the facility medication storage policy review the facility failed to discard expired medications from 2 of 2 medication rooms (300 hall and 400/500/600 hall) and date opened multi dose vial medications from 1 of 3 medication carts (600 hall).</p> <p>Findings included:</p> <p>The facilities policy on drug storage and expiration date guidelines (undated) provided by the Director or Nursing on 9/28/16 was reviewed. The policy stated that read in part; "outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from use; disposed of according to procedures for medication disposal; and reordered from the pharmacy, if a current order exists. "</p> <p>1. a. On 9/28/16 at 12:09 PM the medication storage cabinet on 300 hall was observed and</p> | F 431 | <p>This plan of correction is submitted as required by State and Federal law. The provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit the providers' capacity to render adequate care.</p> <p>Tag F 431 483.60(b) (d) (e)</p> <p>1. All items listed in the written deficiency as being expired were discarded immediately.</p> <p>2. All medication storage areas, including medication carts, were inspected on 10/3/16 by the Medical Supply Coordinator and Director of Nursing and any expired items removed and discarded.</p> <p>2. Directed inservice training for the</p> | | |

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| F 431 | <p>Continued From page 8</p> <p>there were four bottles of Aspirin found in the cabinet with an expiration date of 6/16.</p> <p>On 9/28/16 at 12:09 PM CNA #1 was interviewed. She stated that she was responsible for stocking the medication cabinets and discarding any medications in the medication room that had expired. She stated that the medication should have been removed from the cabinet. She also stated that it is her expectation that this medication should have not been in the cabinet for use and she disposed of the medication immediately.</p> <p>1. b. On 9/28/16 at 12:30 PM the medication storage cabinet on 400/500/600 hall was observed. The following was observed:</p> <ol style="list-style-type: none"> One bottle of Sugar Fee Pro-stat with an expiration date of 9/14/16. One bottle of Saline Nasal Spray with an expiration date of 3/16. <p>On 9/28/16 at 1:30 PM Nurse #3 (400/500/600 hall) was interviewed. She stated that expired medications are not supposed to be in the cabinet and that CNA #1 is supposed to check it. She could not explain why the medication was left in the cabinet. She also stated that she herself sometimes checks the expiration dates when she pulls a medication from the cabinet for use.</p> <p>1. c. On 9/28/16 at 2:16 PM the medication cart on the 600 hall was observed. The following was observed:</p> <ol style="list-style-type: none"> One bottle of Docusate Sodium Liquid with an expiration date of 6/16. One box of Allergy gel capsules with an expiration date of 1/16. | F 431 | <p>licensed nurses was conducted on 10/14/16 by our Director of Nursing on proper storage, labeling and disposal of outdated medications. Also on checking medications for expiration date, labeling, contamination or deterioration prior to administrating to a resident.</p> <p>3. Weekly, documented inspections of the medication storage areas will be done for 3 months beginning 10/13/16 and then bi-weekly by the Director of Nursing or Medical Supply Coordinator to ensure compliance. These audit results will be included as part of our monthly Quality Assurance and Process Improvement program.</p> <p>4. Each medication cart will be inspected monthly for 3 months beginning 10/26/16 by contracted pharmacy provider and then quarterly to ensure compliance. The written results will be included as part of our monthly Quality Assurance and Process Improvement program.</p> | | |

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| F 431 | <p>Continued From page 9</p> <p>On 9/28/16 at 2:16 PM Nurse #1 was interviewed. He stated that the nurses check the carts every shift.</p> <p>2. a. On 9/28/16 at 2:16 PM the medication cart on the 600 hall was observed with one multi-dose package of Phenergan vial opened with no open date.</p> <p>On 9/28/16 at 2:18 PM the Director of Nursing was interviewed. She stated the medication carts are checked routinely on a daily basis and that she checks them twice a month. She stated that nurses are expected to check medications before giving them and that multi-dose medications are expected to be dated when opened. She also stated that she would not expect expired medication.</p> | F 431 | | | |